The Rivah Digest

A quarterly newsletter of the Rappahannock Area Health District

RAHD Rappahannock Area Health District
CARING FOR A HEALTHY COMMUNITY

Management of Rabies Transmission Risk Exposures

Rabies is transmitted ONLY when the virus (found in saliva and CNS tissue) is introduced into bite wounds, open cuts in skin, or onto mucous membranes. The touching or handling of a potentially rabid animal or another animal or inanimate object that had contact with a rabid animal does not constitute an exposure unless wet saliva or CNS material from the rabid animal entered a fresh, open wound or had contact with a mucous membrane. Persons bitten by a potentially rabid animal should immediately 1) wash the wound thoroughly with soap and water, 2) contact the local animal control office, and 3) visit a physician for evaluation regarding the need for PEP.

Administration of rabies postexposure prophylaxis is a medical urgency, not a medical emergency. **Physicians should evaluate each possible exposure to rabies and consult with the local health department regarding the need for rabies prophylaxis. An environmental health official can be reached on the rabies pager at 540-372-2526.** The following factors should be considered before specific anti-rabies postexposure prophylaxis is initiated.

Animal type	Evaluation/disposition of animal	PEP Recommendations
Dogs, cats, and ferrets	Healthy and available for 10 days observation	Persons should not begin prophylaxis unless animal develops clinical signs of rabies.*
	Rabid or suspected rabid	Immediately vaccinate.
	Unknown (e.g., escaped)	Consult public health officials.
Skunks, raccoons, foxes and most other carnivores; bats	Regarded as rabid unless animal proven negative by laboratory tests†	Consider immediate vaccination.
Livestock, small rodents, lagomorphs (rabbits and hares), large rodents (woodchucks and beavers), and other mammals	Consider individually.	Consult public health officials. Bites of squirrels, hamsters, guinea pigs, gerbils, chipmunks, rats, mice, other small rodents, rabbits, and hares almost never require antirabies postexposure prophylaxis.

*During the 10-day observation period, begin postexposure prophylaxis at the first sign of rabies in a dog, cat, or ferret that has bitten someone. If the animal exhibits clinical signs of rabies, it should be euthanized immediately and tested.

† The animal should be euthanized and tested as soon as possible. Holding for observation is not recommended. Discontinue vaccine if immunofluorescence test results of the animal are negative.

The Virginia Department of Health's Epidemiology Bulletin has more information on rabies exposure and treatment. www.vdh.state.va.us/epi/bulletin.htm.

RABIES AWARENESS WEEK - January 16th -23rd

RAHD's new environmental health specialist, Rachel Wade, coordinated this year's Rabies Awareness Week activities and educational campaign. She collaborated with local vets to provide low cost rabies vaccines at certain animal clinics and visited numerous pet stores, kennels, and animal hospitals, providing rabies awareness education. In addition, local libraries displayed information boards with rabies prevention tips and 3rd graders in Fredericksburg City and King George County schools were given rabies educational activity books.

Positive Animal Rabies in RAHD

Locality	2004	2003
Caroline	4	2
Fredericksburg	4	0
King George	4	4
Stafford	9	14
Spotsylvania	3	4
Total District	24	24
Total Virginia	446	542

February 2005

Health Departments

- *Rappahannock District 540-899-4797*
- *Caroline 804-633-5465*
- *King George 540-775-3111*
- *Fredericksburg 540-899-4142*
- *Spotsylvania 540-582-7155*
- *Stafford 540-659-3101*

After hours reporting:

- *Communicable Disease & Outbreak Reporting 540-850-1250*
- *Environmental Pager 540-899-8601*
- *Rabies Pager 540-372-2562*
- *New Toll-free number for public health and Bioterrorism events* ***866-531-3068***

RAHD welcomes three new staff

New Dentist

Dr. Howard Miller joined RAHD as Lead Public Health Dentist in July 2004 for all dental operations in the health district including DMAX, Caroline Caries and the Stafford Dental Program. Dr. Miller currently works out of the Spotsylvania Dental Trailer (582-7350) and the Moss Clinic with his office located at the RAHD District Office. Dr. Miller graduated Magnum Cum Laude from Howard University and worked as a public health dentist in the City of Alexandria from 1981-1992. He has 17 years of private practice experience and while a private dentist provided coverage for the Northern Virginia Training Center. He just completed a Master degree in Business Administration at William and Mary.

Environmental Health Manager

Dave Shuemaker joins RAHD from Dahlgren Naval weapons Station where he worked as a bioterrorism and consequence management consultant for Battelle Memorial Institute. Prior to that he served in with the United States Navy as a Preventive Medicine Officer. While with the Navy, Dave served onboard ships, managed clinics and military health departments, conducted environmental health services in Kuwait and Iraq during Desert Storm and was an Operations Officer for the Marine Corps Chemical Biological Response Force. Dave started out as a sanitarian from Holmes County Ohio providing onsite wastewater services to a predominantly Amish community. Dave is a Registered Environmental Health Specialist additionally he holds a BS in Environmental and Industrial Health from Ferris State University and a Master of Public Health from the University of Connecticut.

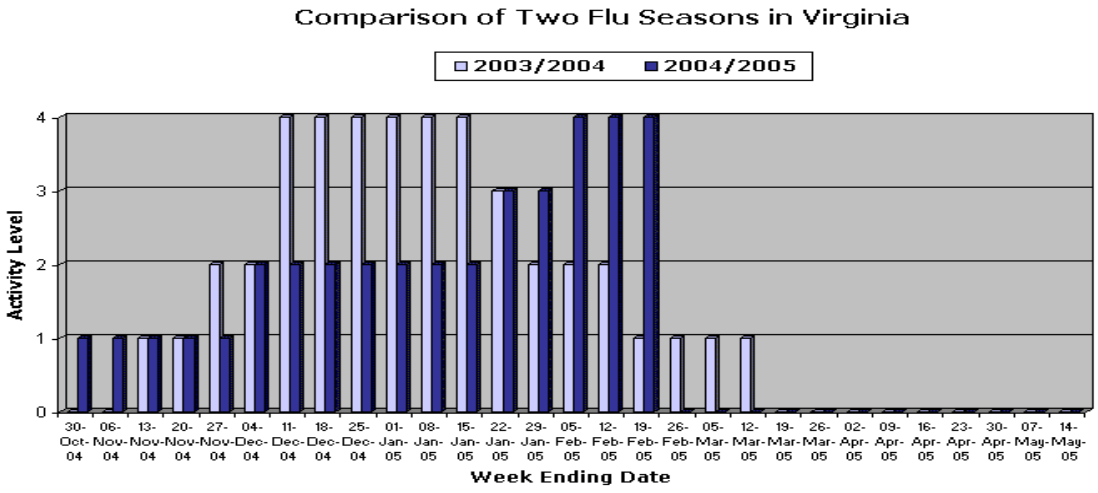
WNV Specialist

Rachel Wade joins RAHD as the new WNV environmental specialist. Rachel will also be coordinating the Rabies Program and participate in other environmental health educational issues. Rachel graduated from Virginia Tech in May, 2003 with a BS in Fisheries Science. She worked for the USDA Forest Service and Virginia Tech Department of Entomology while attending school. Before starting with VDH, Rachel had an internship with the National Audubon Society working at a wildlife sanctuary in Maryland.

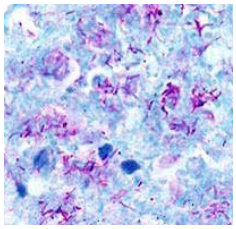
Open to the Public — Influenza Update 2004-2005

On February 8, 2005, The Rappahannock Area Health District expanded the criteria to receive the flu vaccine in Planning District 16 to include the general public. RAHD is confident that all high risk individuals who wanted the vaccine had ample opportunity to be vaccinated through multiple avenues. High risk individuals should still be given appointment priority if you have any vaccine remaining. In Virginia, influenza activity is now widespread. RAHD is receiving an increase in influenza reports, although no outbreaks have been reported.

According the CDC influenza surveillance system, 85% of the influenza viruses tested are type A. Of the type A influenza viruses that have been sub-typed, 99.6% are influenza A H3N2 and 0.4% are influenza A H1N1. The hemagglutinin proteins of the influenza A (H1) viruses were similar antigenically to the hemagglutinin of the vaccine strain A/New Caledonia/20/99. One hundred twenty-five (55%) of 228 influenza A(H3N2) isolates were characterized as antigenically similar to A/Wyoming/3/2003, which is the A/Fujian/411/2002-like (H3N2) component of the 2004-05 influenza vaccine. One hundred three (45%) influenza A(H3N2) isolates had reduced titers to A/Wyoming/3/2003 and are most closely related to a recent reference strain, A/California/7/2004 (H3N2).



New TB Screening Policy Implemented by Area Schools



A TB screening policy for area schoolchildren was prompted by a tuberculosis outbreak in a Henrico County High School two years ago and the increasing number of TB cases in Northern Virginia. With the support of area superintendents, Dr. Donald Stern, Health Director for RAHD, commissioned a TB School Policy Planning Group to be formed consisting of the school nurse coordinator from each school division and the Health Department TB Public Health Nurse Coordinator. The planning group's recommendations were reviewed and approved by the Virginia Department of Health Office for TB control experts.

Beginning in the fall of 2005, schools will be requiring a TB risk screening of all students entering school for the first time and all seventh-grade students. This includes those students entering kindergarten and transfer students. The policy requires tuberculin skin testing on those students who are found to be at risk for TB disease.

Parents will be completing the TB risk assessment form. This form must be reviewed by the school nurse. The form asks the following questions:

- Was the student born in a country outside the US?
- Has the student spent three of more consecutive months in a foreign country in past 5 years?
- Has the student been exposed or had contact with a person with active TB in past year?
- Was the student homeless or live in a shelter during past two years?
- Does the student have any of the following: persistent cough, coughed up blood, fever for more than one week, unexplained weight loss or HIV?
- Is the student currently taking oral steroid medications (other than inhalers), or cancer treating drugs>
- Has the student ever had a positive TB skin test or taken any treatment for TB disease or a positive TB test?

If all answers are no, the student is low risk. If any of the answers are yes, the child is high risk and the school will require that the child's medical care provider show documentation of a negative TB (Mantoux) skin test within the past twelve months with no current symptoms of active TB disease or documentation of completion of adequate treatment for active tuberculosis disease or latent TB infection with no current symptoms of active disease. Thus, area providers may be getting requests to review this new form.

If the student has a positive TB skin test, they will be followed by their primary medical provider. If there is no primary medical provider, the health department will arrange to follow the student.

TB in RAHD

RAHD is reporting 8 cases of TB for 2004, compared to 6 in 2003, 3 in 2001 and 2 in 2000. The state of Virginia reported 332 and 315 cases in years 2003 and 2002, respectively. RAHD's TB rate is now 3.0 per 100,000 population compared to the state rate of 4.5 per 100,000 population.

Got Flu? Take these steps to protect others:

- Do not come to work while ill. Stay home from work or school for 5-7 days if you have flu like symptoms.
- Do not send children to school or day care if ill.
- Have tissues, hand gels, and masks available in waiting areas and around the office.
- Practice proper respiratory etiquette. Use a tissue to cover your nose and mouth when coughing or sneezing; dispose of the tissue immediately and wash hands thoroughly for at least 20 seconds.
- Post signs on long term care facility doors instructing persons who are ill not to visit nursing homes or assisted living facilities.

Donald Stern, MD, MPH — Director of Public Health
Leah H. Dewey, MPH — District Epidemiologist
Joe Saitta, Ed.D — Emergency Planner
Kay Jones, RNC, MBA — Nurse Manager

Rappahannock Area Health District
608 Jackson Street
Fredericksburg, VA 22401
Phone: 540-899-4797
Fax: 540-899-4599

RAHD
Rappahannock Area Health District
CARING FOR A HEALTHY COMMUNITY

Please visit us on the web @
www.vdh.virginia.gov

Selected Reportable Diseases in RAHD - January - December 2004 vs 2003*

	2004		2003		Diff	% change
DISEASE	**(n)**	**rate†**	**(n)**	**rate†**	**(n)**	**rate†**
AIDS	26	9.7	25	9.3	1	4.0%
Campylobacter	18	6.7	28	10.5	-10	-35.7%
Chickenpox	23	8.6	10	3.7	13	130.0%
Chlamydia Trachomatis	637	237.9	543	202.8	94	17.3%
Giardiasis	17	6.3	24	9.0	-7	-29.2%
Gonorrhea	206	76.9	162	60.5	44	27.2%
HAEMOPHILUS INFLUENZAE, INVASIVE	1	0.4	5	1.9	-4	-80.0%
HIV Infection	20	7.5	21	7.8	-1	-4.8%
HEAPTITIS A (Acute)	3	1.1	6	2.2	-3	-50.0%
Hepatitis B (Acute)	9	3.4	32	12.0	-23	-71.9%
Hepatitis B (Chronic)	4	1.5	0	0.0	4	-
Hepatitis C (Acute)¶	8	3.0	148	55.3	-140	-94.6%
Hepatitis C (Chronic)¶	74	27.6	0	0.0	74	-
Lead - elevated blood levels	9	3.4	12	4.5	-3	-25.0%
Legionelliosis	3	1.1	7	2.6	-4	-57.1%
Lyme Disease	18	6.7	20	7.5	-2	-10.0%
MENINGOCOCCAL INFECTION	0	0.0	2	0.7	-2	-100.0%
Pertussis	2	0.7	3	1.1	-1	-33.3%
Rabies (post exposure prophylaxis)	14	5.2	44	16.4	-30	-68.2%
Rocky Mountain Spotted Fever	5	1.9	8	3.0	-3	-37.5%
Salmonellosis	43	16.1	43	16.1	0	0.0%
Streptococcal Disease, Group A, invasive	14	5.2	17	6.3	-3	-17.6%
Streptococcus pneumoniae, invasive <5 yrs	4	1.5	3	1.1	1	33.3%
SYPHILIS (primary, secondary and early latent)	3	1.1	5	1.9	-2	-40.0%
TUBERCULOSIS (Mycobacteria)	8	3.0	6	2.2	3	33.3%
Total	**1169**	436.6	**1174**	438.5	**-5**	**-0.4%**

* Data is provisional

† Rate per 100,000 population is based on 2002 US Census data (Planning District 16 = 267,748)

¶ RAHD separated out acute and chronic Hepatitis C in 2004